



Through a Trauma Lens

Andrea Blanch, PhD

with

Norma Finkelstein, PhD

The Psychology of Trauma



- **Emotional flooding**
- **Generalization of fear**
- **Emotion-thought feedback loops**
- **Cycles and repetition**



The Sociology of Trauma

- **Denial or repression - trauma becomes culturally embedded**
- **Healing – hearts open and compassion grows**



Trauma in our Systems of Care

- **Assume that *everyone* has experienced trauma**
- **Recognize that hierarchies are for the purpose of control**
- **History *MUST* be acknowledged**

The Power of a Lens





Your Role

- **Leaders, change agents, role models, teachers**
- **Who you are is more important than what you do**




The Good News

- **Healing is a natural process**
- **The truth unleashes enormous energy**
- **New tools and techniques abound**



The Framing Question

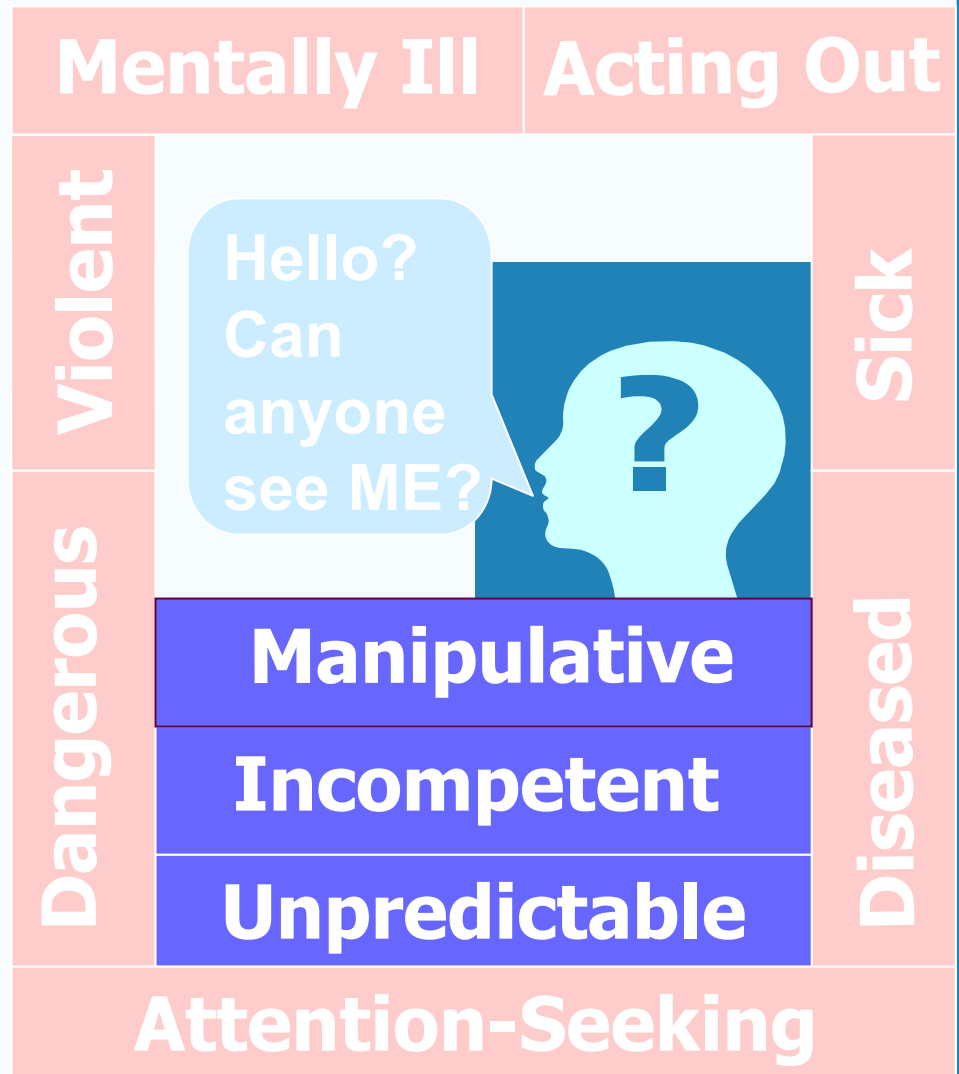
- **What's the first question the doctor asks?**
- **What's the first question you ask your child who comes in crying?**



Traditional vs Trauma Lens

- | | |
|-------------------------------|-----------------------------|
| • Diagnosis | • Validation |
| • Treatment | • Healing |
| • Symptoms as problems | • Symptoms as coping |
| • Profs as experts | • As partners |
| • Aberration | • Meaning in exp. |
| • Recovery | • Transformation |

Labeling = Loss of.....Identity, Power,
Context & Opportunity



Tautology of Psychiatric Diagnosis

“You have a brain disease called mental illness”.

Yes.

You're right. I'm “sick”, “diseased”. Please help me.

He/she is becoming “dependent”, and “attention-seeking”.

**Evidence of
“mental-illness”
Confirmed**

No.

I think there is something else happening.

He/she is “defiant”, “oppositional, and treatment “resistant”



Key Elements in Recovery

- **Safety and control**
- **Reconnection to community**



Safety as Defined by Staff and Patients

- **Maximize choice**
- **Max. routine**
- **Authentic relationships**
- **Assign staff as available**
- **Exploring limits**
- **Setting Limits**
- **Defining self**
- **Diagnosing**



Safety, continued

- **Receiving *all* information**
- **Information as time allows**
- **Freedom from coercion**
- **Use of coercion to de-escalate**
- **Expressing emotion without fear**
- **Reducing expression of strong emotions**

Continuum of Coercion

High



Involuntary ECT, psychosurgery, abortion

Forced administration of meds.

Physical restraint or seclusion anywhere

Extended involuntary incarceration

Court ordered community treatment

Forced disrobing, body searches, med. exams

72-hour emergency eval in psych hospital

Guardianship

One-to-one monitoring

Restrictive settings or services

Pressure to engage in above

Controlling resources

Friendly persuasion

Withholding information

Low



Connection

- **Connection is the natural state**
- **Connection is powerful**



Concerns and Issues for Review

- **Gender**
- **Sleep**
- **Self-soothing**
- **Safety/security**
- **Privacy**
- **Education/info.**
- **Eating problems**
- **Extreme behs**
- **Parenting**
- **Sexuality**
- **Decision-making**
- **Planning**
- **Language**
- **Legal issues**
- **Staff trauma**
- **Power/authority**



Small Group Exercise



In your program . . .

- **Walk through a client's day using a trauma lens**
- **Using the list of concerns and issues find at least 3 specific exs of being trauma informed and un-informed**
- **Propose solutions**



Report Out



Barriers to a Trauma Lens

- **It's painful to look**
- **Most people don't know what to do about it**
- **There are vested interests in maintaining the status quo**

Support
Each
Other,
Support
Ourselves

